1 FD CAN 713

NEVADA FINANCIAL DISCLOSURE STATEMENT

FILE JAN 0 7 2004

(Attach additional sheets if necessary.)

DEAN HELLER SECRETARY OF STATE

| Elist all public offices for which this financial disclosure statement is required (NRS 281.571 (1)(a) List all public offices for which this financial disclosure statement is required (NRS 281.571 (1)(a) ANNUAL CANDIDATE (no later than Jan. 1 foo 1 state than Jan. 2 state than J |
|--|
| Annual Term or Objects of Julico Office Annual Compensation Date Appointed Public Officer Seasons Seas |
| Public Office Annual Term or NRS NRS 281.561(1)(b) ASSESSOR \$ 1 03 |
| Assessor Date Appointed 281.561(1)(b) |
| List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]: Self Household Member |
| List all general sources of income for you and members of your household over 18 years of age (NRS 281.571, Subsection 1(b)): Self Household Member |
| List all general sources of income for you and members of your household over 18 years of age (NRS 281.571, Subsection 1(b)): Self Household Member |
| Nye County Household Member |
| |
| List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]: |
| Self Household Member |
| MBNA AMERICA MC |
| Capital I Visa Bank of America |
| Bank of America |
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| |

| List each business entity (i.e., organifirm, business, trust joint venture, sy involved as a trustee, beneficiary of a class of stock or security represent [NRS 281.571, Subsection 1(f)]: | ndicate, corporation or assoc a trust, director, officer, owner | ciation) with which you or r in whole or in part, limite | r a member of you | our househner, or hol | nold is |
|--|---|---|---|-----------------------|--------------------|
| ∧ / /·A | | | | SAIT | ouseholo Member |
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| your household has a legal or benefit state or an adjacent state [NRS 281.57] Specific Liver Sp | of each gift received in exces except (1) a gift received from emonial gifts received for a bin | s of an aggregate value a person who is related | of \$200 from a composition to you within the | lonor third degi | ree of |
| [NRS 281.571, Subsection 1(e)]: | Donor | giolative, adrimiotrative, | or political action | J Value of Gi | ft |
| | | | \$\$ \$\$ | | |
| | | | \$ \$ | | |
| THE INFORMATION I HAVE PROVII | DED HEREIN IS ACCURATE | AND COMPLETE. | | | |
| Date: | Signature: 🗘 | ndra Mi | amlsası | m | |
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Revised 8/28/2003